MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH PLACE OF DEATH Registration District No..... TLY. PHYSICIANS all OCCUPATION is very Primary Registration District No.... Registered No.... RECORD (a) Residence, NoST. Jas EPH'S (INVENT OF MERCY St., Ward. (Usual place of abode) (If nonresident, give city or town and State) PERMANENT How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1933 DIVORCED (write the word) TEMALE INGLE **5A. IF MARRIED, WIDOWED, OR DIVORCED** HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 15 1850 to have occurred on the date stated above, at-The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day, .....brs. or .....min. 8. Trade, profession, or particular - kind of work done, as spinner, -ひ UPATION sawyer, bookkeeper, etc ...... UNFADING 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation..... year)..... BIRTHPLACE (CITY OR TOWN) -Every item of information should be E OF DEATH in plain terms, so that i RELAND (STATE OR COUNTRY) ALLAGHER 13. NAME PLAINLY, cutowas there an autopsy?..... What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RELAND 23. If death was due to external causes (violence), fill in also the following: in plain 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... (ADDRESS) 516 20. FILED.

